



Children and Young People's Substance Misuse Strategy 2009 - 2012

March 2009

Consultant: Geoff Eagle
Eagle Morris Ltd.



CONTENTS

1. Introduction and Partnership Information: *'Background'*.
2. Local and National drivers: *'Context'*.
3. Needs of Young People: *'Evidence base'*.
4. Definitions: *'Criteria'*.
5. Strategic Aims, Principles and Mission Statement: *'Drivers'*.
6. Key Strategic Objectives and Outcomes: *'What we will do'*.
 - 6.1 Universal
 - 6.2 Targeted
 - 6.3 Specialist
7. Action Plans: *'When/How we will do it'*.
8. Commissioning Strategy and Framework: *'Strategy into Practice'*.
9. Conclusion.



Children and Young People's Substance Misuse Strategy 2009 – 2012 Executive Summary

This strategy:

- Covers the three year period from 2009 to 2012.
- Shapes the delivery of all partners' services to support their work in tackling the substance misuse of Birmingham's children and young people and their families.

The Introduction gives Partnership Information and the 'Background', which is set in the 'Context' of **Local and National drivers**. Key national drivers include:

- Every Child Matters and Integrated Youth Support Services (IYSS)
- Targeted Youth Support
- Youth Taskforce Action Plan, (2008)
- PSA 14 and PSA 25
- 'Safe, Sensible, Social', (2007) Alcohol Strategy
- '10 years Drugs Strategy; Protecting families and communities, 2008-2018'. (2008)
- 'Exploring the Evidence, NTA, 2009

The key local driver is the outcomes based framework in 'A Brighter Future' Strategy (2007), and the outcomes in the Strategy reflect the key outcomes adopted by Children Young People and families' Services in Birmingham.

The **Needs of Young People** and the recently completed 'Needs Assessment Summary Report 2009/2010' provide the evidence base for this work.

Definitions, the 'Criteria', are set out in the Strategy document, with criteria used based on national guidelines, notably those issued by the National Treatment Agency (NTA) and the guidance for National Drug Treatment (DTMS) Monitoring Service using the four tiers of substance misuse.

The 'Drivers' are set out in the **Strategic Aims, Principles and Mission Statement**:

This Strategy aims to ensure a balance of:

- prevention
- early intervention
- harm reduction
- and treatment services

The **Key Strategic Objectives**: 'What we will do', focus on universal, targeted and specialist services that cover the four tiers of substance misuse.

- Universal strategy includes empowering young people to tackle drug misuse that impacts on their lives and work. It also includes promoting their emotional wellbeing, supporting the education of all young people on substance misuse and ensuring the best quality preventative advice and information is made available to all young people, their parents, and carers. (Tier 1)
- Targeted work focuses on support to the more vulnerable, to increase participation and resilience through support on substance misuse and ensure resources are targeted and used appropriately. It includes reducing the NEET population and their involvement in drug taking in line with PSA14. (Tier 2)
- Specialist services focuses on the 600+ young people accessing structured drug treatment in Birmingham, and the aims include delivering a full range of child and young person centred and focussed treatment interventions for children and young people with drug related needs. (Tier 3 and Tier 4)

Outcomes

The outcomes we intend to achieve are closely linked to the Integrated Youth Support Service Strategy and the outcomes for Targeted Prevention work with young people and are as follows.

Outcomes – Universal

The two key outcomes for universal work on substance and alcohol use and misuse are:

- **Outcome One**
Children and young people will understand the issues of drug and alcohol use and misuse, and will have access to appropriate information to aid their and their parents' understanding.
- **Outcome Two**
Children and young people will have the knowledge, confidence and skills, to be able to make informed and positive choices on their use/non use of drugs and alcohol, and be empowered to resist the pressures, including bullying, associated with this.

Outcomes - Targeted

The two key outcomes associated with targeted work on substance misuse are:

- Outcome Three
Children and young people at risk of developing substance misuse problems (inc. Hidden Harm) will develop resilience and will feel safe.
- Outcome Four
Children and young people whose drug related behaviour leads to worklessness will develop job skills and be empowered to engage in positive activities and gain confidence to make appropriate contributions as citizens in their community.

Outcomes – Specialist

There is one key outcome associated with the specialist ('Tier 3') area of work that is mainly concerned with the treatment of those using drugs and improving services for this group.

- Outcome Five

Children and young people with substance misuse problems will have access to appropriate young person centered specialist treatment services to improve their physical and mental health and social functioning, empowering them to recognise and accept their responsibilities.

The strategy document also includes **Action Plans**: 'When/How we will do it' which demonstrates the links to the outcomes with action planning grids and shows how financial plans and the expenditure from the Young People's Substance Misuse Grant reflect this. Finally there is a section on **Commissioning Strategy** and Framework: 'Strategy into Practice' which reflects the aims to improve performance management re young people using drugs, particularly from the most vulnerable groups.

The **Conclusion** emphasises the need to ensure greater collaborative working, greater integrated and seamless services at local level and ensuring the service is embedded within Birmingham's new Integrated Youth Support Service (IYSS) delivery model.

1. Introduction and partnership information: 'Background'.

This Birmingham Young People's Substance Misuse Strategy covers the three year period from 2009 to 2012. It captures the commitment of a wide range of public organisations, agencies and partnerships to work together in order to address issues with young people and substance misuse. It provides everyone involved with a real opportunity to achieve a step change in reducing the negative impact substance misuse has on young people and communities across Birmingham.

This strategy aims to help shape the delivery of all partners' services to support their work in tackling the substance misuse of Birmingham's children and young people. The strategy therefore takes into account both the developing national scene for children and young people and the changes in arrangements for the delivery of services in Birmingham. In particular, 'The Birmingham Strategy' outlined in 'A Brighter Future for children and young people' has been used to inform the decision making behind this strategy, giving it a clear outcome focus. The strategy captures the key overarching actions that we will need to undertake to achieve real change. The actions are agreed by the Partnership collectively, but many actions will be delivered or led by individual Partner Agencies. The real strength of the Partnership is that it enables all agencies to work more effectively within a shared strategic framework.

Birmingham Drug and Alcohol Action Team (DAAT) is the strategic partnership responsible for the implementation of the National Drug Strategy in Birmingham. It reports both locally and regionally, and has a responsibility to supply information to the Government Office for the West Midlands. (GOWM).

Collectively the Partnership delivers against the aims of the National Drug Strategy in Birmingham using both specific grants and budgets from National Government and the mainstream resources of its partner agencies. Much of the work with young people is delivered through the Young People's Substance Misuse Partnership Grant, allocated annually by central government to DAATs, and distributed by the Government Office for the West Midlands. (GOWM)

All activity to deliver this Strategy is commissioned via a dedicated Young People's joint commissioning structure, revised at the beginning of 2007 to reflect changes in services for children and young people in Birmingham and to ensure robust arrangements that are fit for purpose. All commissioned activity is performance managed through the Young People's Commissioning Plan and the partnership is supported by a dedicated Lead Commissioner for Young People's Substance Misuse.

2. Local and National drivers: 'Context'

This section deals with the national policy context and key drivers.

The national framework draws particularly on the Government's ten year drug strategy, 'Drugs: protecting families and communities 2008 – 2018 strategy, launched in February 2008 and 'Aiming high for young people: A ten year strategy for positive activities.' (2007). It also notes the key PSA drivers and the main points from the Government's alcohol strategy (Safe, Sensible, Social, 2007).

Key drivers include

- Every Child Matters and IYSS
- Targeted Youth Support (Local study completed in August 2008)
- Youth Taskforce Action Plan, (2008)
- PSA 14 and PSA 25
- Safe, Sensible, Social', (2007) Alcohol Strategy
- 10 years Drugs Strategy; Protecting families and communities, 2008-2018'. (2008)
- NTA 'Exploring the Evidence' (2009)

The Summary below includes, in bullet point form, the key points from national policy that impact on delivery of services for young people re substance misuse in Birmingham

Every Child Matters places substance misuse under the '**Be Healthy**' outcome. In Birmingham however it will cut across all five outcomes as substance misuse can impact on every aspect of a child's life. Birmingham's children's plan reflects this by recognising the impact of substance misuse on all five outcomes and the valuable contribution of young people's substance misuse services in assisting young people to achieve them.

'**Youth Matters**' (2005) sets out new arrangements for *Integrated Youth Support Services*.

Aiming High for Young People' (2007) sets out a 10 year strategy for positive activities with services (including SM services) based on *empowerment, access, and quality*

PSA Delivery Agreement 12: Improve the health and wellbeing of children and young people. Particular focus on emotional health and wellbeing, and Child and Adolescent Mental Health Services (CAHMS)

PSA 14 'increase the number of young people on the path to success'; PSA 14 indicators include decreasing NEETs, (*NEETS; Not in Education, employment or Training*) and reducing numbers of 10-15 year olds 'using drugs, alcohol and volatile substances'. Methods suggested include universal drug education, early intervention, positive activities, and the work of Health Services. PSA 14 deals with increasing the number of children and young people on the path to success, and will measure progress in increasing successful transitions to adulthood in terms of increased participation and

increased resilience, alongside tackling negative outcomes. Strategic and delivery partners in Birmingham recognise the need to work together to improve the experiences of young people, and work to achieve all of the PSA 14 indicators, particularly the first of the indicators re NEETs.

PSA 25 Aims to reduce harm caused by drugs to individuals and communities. Actions suggested include

- Public health campaigns, awareness raising.
- Address SM by young people thru early intervention with most vulnerable
- Support at risk families
- Tackle crime, offending, anti social behaviour associated with drugs and alcohol
- Tackle supply

'Drugs: Protecting families and communities, 2008-2018'. (2008)

- Emphasis on strategy where families use drugs; 'Hidden Harm' (2003)
- Policy direction.....increase protective factors, reduces risk factors.
- Reduce overall numbers of young people using drugs

This strategy document sets out how agencies will be expected to work together to deliver the priorities of the National Drug Strategy; to educate young people and to reduce the harm caused to our young people and their families and communities during 2008-2011; The National Drug Strategy (2008 – 2018), identifies the clear risks and associated effects of substance misuse on children, young people and families. The strategy highlights five associated harms for young people using and misusing drugs, alcohol and volatile substances:

- Low educational attainment, persistent absence or exclusion from school.
- Involvement in criminal activity and anti-social behaviour which, combined with poor educational outcomes, can lead to foregone earnings and worklessness, lasting well into later life.
- Greater levels of ill-health or risk-taking behaviour leading to accidents, infection or pregnancy, with the potential for mental health problems and psychosis, developmental damage and even overdose or death.
- The heavy or frequent use of alcohol or drugs, or progression to heroin or crack cocaine use and
- The risk of sexual exploitation.

Birmingham has ensured these are reflected in the outcomes (Section 6)

'Safe, Sensible, Social', (2007) Alcohol Strategy

The next steps in the National Alcohol Strategy reviews progress since the publication of the *Alcohol Harm Reduction Strategy for England* (2004) and outlines further national and local action to achieve long-term reductions in alcohol-related ill health and crime

- Focus on helping families address young people's alcohol use
- Aims to delay onset of regular drinking, reduce harm

Nationally, the Government launched the Youth Alcohol Action Plan in June 2008. This Action Plan sets out what the Government will do to address drinking by young people in three main ways.

1. First, tackle unsupervised drinking by young people under 18 in public places because it has the closest links to crime and anti-social behaviour, as well as putting young people at risk in other ways;
2. Second, drinking by young people in the home is clearly the responsibility of parents and families, not the Government, but there is a need for clearer health information for parents and young people about how consumption of alcohol – particularly at an early age – can affect children and young people.
3. Finally, industry must play more of a part, not just in refusing to sell alcohol to young people under the age of 18, but also more generally in marketing and promoting alcohol in a more responsible way

Locally, the Birmingham Alcohol Strategy (2007-2010) takes full account of the national strategy and recognises the importance of community outreach services, especially in the opportunity that this provides to engage the more vulnerable and chaotic drinkers and those who wouldn't normally interface with the mainstream alcohol system due to the diverse nature of the community.

Youth Taskforce Action Plan, (2008) targets the '*most challenging*' young people. The '*triple track*' approach includes

- tough enforcement where behaviour is unacceptable or illegal;
- non-negotiable support to address the underlying causes of poor behaviour or serious difficulties;
- better prevention to tackle problems before they become serious and entrenched, and to prevent problems arising in the first place.

Targeted Youth Support: The seven key elements of targeted youth support are:

1. *Strengthening the influence of vulnerable young people, and their families and communities, and their ability to bring about positive change.*
2. *Identifying vulnerable young people early, in the context of their everyday lives.*
3. *Building a clear picture of individual needs, shared by young people and the agencies working with them, using the common assessment framework (CAF).*
4. *Enabling vulnerable young people to receive early support in universal settings and to help all agencies to draw in extra help on behalf of young people, through better links with other agencies and organisations.*
5. *Ensuring vulnerable young people receive a personalised package of support, information, advice and guidance, and learning and*

development opportunities, with support for their parents or carers as appropriate.

6. *Providing support for vulnerable young people across transitions, for example moving on from school or from the support of one service to another as needs change.*
7. *Making services more accessible, attractive and relevant for vulnerable young people*

NTA 'Exploring the Evidence' (2009)

This document brings together evidence for effective treatment of substance misuse among young people aged 18 and under. The report has been produced as part of the Youth Alcohol Action Plan's commitment to improve alcohol treatment for young people. The aim of the report is to synthesise the current evidence base specifically related to young people's substance misuse and suggest good practice points that arise from this. Practitioners and commissioners are encouraged to use the good practice points in the development of local specialist substance misuse services for young people.

Summary

This Strategy document takes account of all the national drivers listed above, and will be delivered within the context of the new arrangements for universal, targeted and specialist services outlined in '*Aiming high for young people: A ten year strategy for positive activities*' which set out the Government's long-term vision for young people and services for them. Implementing the commitments in '*Aiming High*' and improving the prospects for young people, particularly those most at risk of substance misuse problems, depends all partners giving high priority to the needs of young people and to the aims of PSA14. This can best be achieved in the context of 'A Brighter Future', in order to ensure the priority outcomes.

The key local driver is the outcomes based framework in 'A Brighter Future' Strategy (2007). This emphasises the importance of investment in prevention and earlier intervention to improve outcomes, and this strategy emphasises the partnership commitment to achieve this. We intend to continue to develop our partnership working within the context of ensuring 'A Brighter Future' for all young people in Birmingham, particularly those whose substance misuse impacts on their lives, in order to ensure they receive the best possible support analyse

3. The Needs of Young People: 'Evidence base'.

Birmingham DAAT Children and Young People has recently commissioned a thorough and detailed needs assessment report to capture the current position on substance misuse and young people in the city. The report is entitled '*Young People's Substance Misuse, 2009-2010*' (Author, Helen Hodges). It provides the evidence base for the work by using both national and local data to analyse current drug use and misuse by young people,

focussing on eight identified vulnerable groups where research has shown the risks to be greatest. These groups are:

Truancy and Persistent Absentees
Excluded Pupils
Young Offenders and Those at Risk of Offending
Those in Care and Care Leavers
Teenage Parents
Ever Homeless
Sexually Exploited Young People and Sex Workers
Exposure to Substance Misuse Amongst Family Members / Carers

Reference is made throughout the document to substance use and misuse. Unless specified this should be taken to include all illegal drugs, alcohol, solvents and prescription drugs. Both use and misuse are considered and a distinction is drawn between recreational and problematic use; with treatment often being sought when it is perceived by the young person themselves or, more frequently when others consider levels of usage to be having a negative impact on aspects of their life.

The Needs Assessment is structured to address four key questions, covering universal, targeted and specialist provision:

- How prevalent is substance use and misuse amongst young people?
- What do we know about the treatment cohort?
- How can we identify young people at greater risk of having substance misuse problems?
- How can resilience be established and maintained?

The data from two recent surveys undertaken in Birmingham suggests that figures are broadly in line with national levels, with one survey finding slightly lower levels of drug use than national statistics would suggest. The detailed analysis of the eight key cohort groups confirms the concern about their vulnerability, but also emphasises the need for more detailed research on each of the groups to clearly identify need, specifically multiple need. The key national findings from the most recently available national sources are listed in the text box below.

Key National Findings on Drug Use Amongst 11-15 Year Olds

- A quarter (25%) of pupils had ever taken drugs. This proportion has varied from year to year: overall it has decreased since 2003 when 30% of pupils reported that they had ever taken drugs.
- 17% of pupils reported taking drugs in the last year; this proportion has also fallen since 2003. Prevalence increased with age, from 6% of 11 year olds to 31% of 15 year olds.
- Pupils were most likely to have taken cannabis; 9% had done so in the last year, an overall decrease from 13.3% in 2003.
- 4% of pupils reported taking a Class A drug in the last year. This proportion has remained stable since 2003.
- 61% of pupils who had taken drugs in the last year had taken only one type of drug.
- 5% of pupils said they usually took drugs at least once a month, a similar proportion to previous years. This proportion increased with age from 1% of 11 to 12 year olds to 10% of 15 year olds.
- 36% of pupils had ever previously been offered drugs, down from 42% in 2003. They were most likely to have been offered cannabis (22%).
- Pupils' first drug use was most likely to be sniffing volatile substances (51%). This was most common overall, particularly among pupils who first tried drugs at an early age. Pupils whose first experience of drugs was at the age of 14 or 15 were most likely to have first tried cannabis.
- Pupils were most likely to have obtained the first drugs they took from a friend of the same age. The most common reason they gave was 'To see what they were like'. Their overall response to the drug was equally likely to be that they felt 'good' (43%) or 'no different' (44%). Pupils whose first drug use was sniffing volatile substances reported different reasons and reactions to those who first tried other drugs.
- Pupils who had taken drugs more than once were most likely to have taken cannabis on the most recent occasion (45%).
- The last time they took drugs, pupils were most likely to have got them from a friend of the same age, and to have done so on the street, in a park or somewhere else outdoors. Most took the drugs with friends of the same sex or a mixed group of friends, and the most likely reason given was 'To get high or feel good'. Pupils who had used drugs more than once were more likely to report a good experience (63%) than a bad or indifferent one. Again, volatile substance users differed somewhat from pupils who had taken other drugs.
- Around two-thirds of 15 year olds who had ever been offered drugs had taken them at any time.
- 43% of 15 year olds who had ever used drugs reported doing so in the last month.
- As in previous years, there was widespread awareness of illegal drugs among pupils. Only 2% of pupils reported that they had never heard of any of the drugs asked about.

4. Definitions: 'Criteria'.

The criteria used are based on national guidelines, notably those issued by the NTA (National Treatment Agency) and the guidance for NDTMS, (National Drug Treatment Monitoring System) such as the '*NDTMS Data Set - Business Definition for Young People's Treatment Providers*', recently updated. For the purposes of this strategy, section six deals with universal, targeted and specialist services that cover the four tiers of substance misuse provision outlined in the text box. This ranges from universal education at Tier 1 to highly specialist provision at Tier 4. It should be noted that Birmingham rarely has any Tier 4 cases, although one is being dealt with at present. Tier 4 cases are exceptional, usually high cost, involve residential provision and are multi agency and complex.

Four Tier Infrastructure

Tier 1: meeting universal substance – related need, providing information and advice. Identifying further substance –related needs and making referrals to services to assess and meet those needs.

Tier 2: Addressing the targeted prevention needs of those defined at risk of developing substance misuse; meeting the needs of those using but misusing substances

Tier 3: Assessing substance misuse, within a holistic child-centred approach; meeting the needs of young people who are substance misusers and co-ordinating other interventions.

Tier 4: Meeting the needs of young people who are substance misusers with other complex needs, and who require an intensive highly focused piece of work or setting for a fixed period.

NDTMS and NTA requirements. Birmingham partners will ensure they meet the requirements of the NTA. All drug treatment providers, including young people's specialist substance misuse treatment services, must provide a basic level of information to NDTMS on their activities each month – this data is known as the NDTMS Data Set. In support of evolving business requirements, the data items which are collected via NDTMS are reviewed on an annual basis. Existing evidence suggests that there are some young people who need long term provision from young people's specialist substance misuse treatment providers and others need short term treatment interventions with follow up support from targeted young people's treatment providers. Throughout 2008-2009, NTA gathered data on retention by young people's substance misuse treatment providers to review patterns of retention in relation to the treatment needs of young people. Their latest publication is 'Exploring the Evidence' (NTA, 2009) which gives examples of 'what works' in this field.

The integrated children's system requires clear criteria for specialist services to distinguish which children and young people require these services. In order to achieve consistency across areas regarding which young people require specialist substance misuse treatment interventions the following definition has been developed:

“Young people’s specialist substance misuse treatment is a care planned medical, psychosocial or specialist harm reduction intervention aimed at alleviating current harm caused by a young person’s substance misuse.”

This is the definition that has been agreed across government departments and should be used by all local areas and has therefore been adopted in Birmingham. This definition will help to ensure that specialist substance misuse treatment providers are accessed by young people with the greatest need. The consistency will enable more reliable data to be collected to help establish needs, plan services and decide funding priorities

The NTA also asks local partnerships to meet specific performance requirements:

- At least 20% of referrals to specialist substance misuse treatment should be referred by key mainstream services for vulnerable young people. *(Birmingham figures show that more work is needed on this).*
- All young people in treatment should have a care plan specifically related to their substance misuse needs. *(Latest Birmingham figures show that this is met in most cases)*
- All young people referred for specialist substance treatment should have a comprehensive assessment within 5 working days of referral, and all young people who are assessed as requiring specialist treatment should commence treatment within 10 days of a comprehensive assessment. *(Latest Birmingham figures show that 92% of specialist treatment interventions were commenced within 10 days from referral).*
- All young people who have a history of injecting should be offered a personal hepatitis C Test with appropriate pre- and post-test counselling. *(This information has not been reported locally.)*
- At least 80% of young people who exit the treatment system should leave treatment via an agreed and planned way, rather than as an unplanned discharge. *(In Birmingham the rate is currently 60%, with improvements being made).*

Alcohol: The government produced the Youth Alcohol Action Plan (2008) and the definitions below are based on the Plan

Drinking at increasing risk: For those drinking above the limits for lower risk drinking but not regularly drinking at higher risk levels (see below), the risk of long-term health harms starts to increase progressively the more these limits are exceeded. Men and women who regularly drink above the recommended lower risk levels substantially increase their risk of harm now or in the future, and need to reduce their consumption to reduce this risk.

Problems reported in some of those drinking at these levels include health problems such as lack of energy, low mood or anxiety/stress, insomnia, impotence, injuries and high blood pressure, but many more serious problems can occur if drinking continues at these levels over time.

Drinking at higher risk is drinking at levels that give the highest risk of significant harm to physical and mental health and at levels that maybe causing substantial harm to others. Examples include liver damage or cirrhosis, stroke, hypertension, coronary heart disease, dependence on alcohol and substantial stress or aggression in the family.

Binge drinking is a term now usually used to refer to heavy drinking over an evening or similar time span – sometimes also referred to as heavy episodic drinking. Binge drinking is often linked to drinking with the intention of becoming intoxicated and, sometimes, with drinking in large groups. It is sometimes associated with physical or social harm.

Definitions used in Birmingham also include:

Hazardous drinkers are drinking at levels over the sensible drinking limits, either in terms of regular excessive consumption or less frequent sessions of heavy drinking. However, they have so far avoided significant alcohol-related problems. Despite this, hazardous drinkers, if identified, may benefit from brief advice about their alcohol use.

Harmful drinkers are usually drinking at levels above those recommended for sensible drinking, typically at higher levels than most hazardous drinkers. Unlike hazardous drinkers, harmful drinkers show clear evidence of some alcohol-related harm. Many harmful drinkers may not have understood the link between their drinking and the range of problems they may be experiencing.

5. Strategic Aims, Principles and Mission Statement: 'Drivers'.

The text box below outlines the key principles that underpin this strategy.

Principles.

- We value partnership working and are committed to working within the new context of Children and Young People's Services', particularly Integrated Youth Services and Targeted Youth Support.
- We recognise value and encourage the contribution made by each of the DAAT partner agencies, and the specific and unique contribution of the 'third sector' (voluntary, community and faith based organisations).
- We recognise and address issues of equity and value diversity.
- We will ensure our services are culturally competent and accessible to all who may need them.
- We strive to increase young people's consultation and participation.
- We seek to achieve best value from the resources we have available, ensuring value for money and where appropriate we will pool resources and effort.
- We make decisions informed by the evidence base and the analysis of need, and based on clear outcomes
- We look to improve our understanding of local needs and what works.
- We seek to be realistic, but aspirational, in what we can achieve.

This Strategy aims to ensure a balance of

- a. prevention,
- b. early intervention,
- c. harm reduction
- d. and treatment services

for young people whilst working towards a longer-term strategy of prevention and reduction of high harm drug use by young people.

**The DAAT is currently developing the Mission statement below that will sit alongside the principles outlined above.*

Mission statement: Birmingham Drug and Alcohol Action Team

Birmingham Drug and Alcohol Action Team is responsible for reducing the harm caused by drugs and alcohol and improving wellbeing.

We will achieve this through strategic co-ordination, collaborative action, pooled resource investment, and the commissioning of evidence based, effective, quality services.

The activity of the Partnership will improve health and well being, economic, community safety and criminal justice outcomes for individuals, families and communities across Birmingham

We will achieve our mission by:

- Developing a needs focused culture
- Securing the required investment
- Delivering effective evidence based commissioning
- Involving individuals, families, communities and other stakeholders within the functions of the partnership
- Collaboratively working together as partners, stakeholders and providers
- Communicating effectively with the whole community
- Promoting prevention
- Adopting a transparent approach to our activity and functioning
- Recruiting and retaining a competent and professional workforce across all levels – operational, management and strategic

Core values:

- Respect and integrity
- Responsiveness
- Delivering value for money
- Striving for positive outcomes
- Addressing the spectrum of need
- Promoting sustainability
- Challenging stigma and inequality
- Delivering consistent, continuous improvement
- Promoting innovation
- Supporting increased competency
- Accessibility
- Learning partnership

6. Key Strategic Objectives: ‘What we will do’.

The Key Strategic Objectives, ‘What we will do to tackle Young People’s Substance Misuse’ are outlined in the three sections below. The headings chosen reflect the arrangements for integrated and targeted youth support of which substance misuse is a key part. *The four tier structure is reflected in that work at Tier 1 will generally be ‘universal’, targeted work will be at tiers 1 and 2, and specialist work will cover tiers three and four.*

6.1 Universal - *meeting universal substance – related need, providing information and advice. Identifying further substance –related needs and making referrals to services to assess and meet those needs.*

6.2 Targeted - *Addressing the targeted prevention needs of those defined at risk of developing substance misuse; meeting the needs of those using but misusing substances*

6.3 Specialist - *Assessing substance misuse, within a holistic child-centred approach; meeting the needs of young people who are substance misusers and co-ordinating other interventions (Tier 3) and those with more complex residential needs (Tier 4).*

We aim to implement ‘The Birmingham Strategy’ as outlined in ‘A Brighter Future for children and young people’, and aim to reduce the number of children and young people using drugs and alcohol. We will integrate DAAT young people’s infrastructure and commissioning processes so as to ensure that substance misuse services are an integral part of the Children Young People and Families Directorate, working within the new arrangements for integrated and targeted youth support services. This will include ensuring our outcomes are in line with those developed for work on Targeted Youth Support. These outcomes are included in the table below.

Each section has an introductory summary, including information about the current situation in Birmingham, and this is followed by information about outcomes with the outcomes we intend to achieve are set out at the end of the three sections

6.1 ‘Universal’

Introduction and current situation - ‘Universal’

In order to improve overall performance for early intervention work and universal education we intend to tackle drug misuse that impacts on young people’s lives and work and support the education of all young people on substance misuse. This will include the continuing development of universal drug and alcohol education and prevention services in order to achieve the best learning outcomes and enhance the literacy and numeracy of children and young people in school and college.

We will support and develop services that promote emotional wellbeing and empower the young people they serve and encourage emotional resilience, help them to make friends and resist bullying, and understand the issues of drugs misuse.

National evidence shows that the outcomes for children whose lives are affected in some way by substance misuse are very poor, particularly those with a serious drug problem, and this is reflected locally.

6.2 ‘Targeted’

Introduction and current situation - ‘Targeted’

The aim of this part of the strategy is to target work to support the more vulnerable, to increase participation and resilience through support on substance misuse and its associated issues, and to ensure resources are targeted and used appropriately. Our Needs assessment has helped identify the vulnerable groups who we will target.

Birmingham DAAT targets those most at risk by working with all agencies engaged directly and indirectly in reducing the harms caused by the supply of illegal drugs encouraging joint working to reduce availability, demand and the harm caused to individuals, their families and local communities. This will give Birmingham the opportunity to increase our target support service provision where the majority of young people are mainly located within our tier 2 service provision.

6.3 ‘Specialist’

Introduction and current situation - ‘Specialist’

This part of our strategy is concerned with promoting the well-being of young people with high harm substance misuse by commissioning specialist services. These services will be culturally competent and offer appropriate treatment and prevention

This section concentrates on specialist services for the treatment of young people. We will continue to develop the services for young people so that they are able to deliver a full range of child and young person centred and focussed treatment interventions for children and young people with high drug related need. We will also deliver harm reduction interventions that promote public health and reduce the health risks to drug users, their friends and families, agency staff, support workers and the public, and to facilitate referral and signposting into treatment through a partnership approach.

OUTCOMES

The work of the DAAT young people’s partnership is captured under five key outcomes which link to the action plans, (section 7 below) associated

investment, financial and commissioning plans (section 8 below) and to the planning grids that show the detailed activities to be undertaken. The five outcomes are listed under the three headings of universal, targeted and specialist work. Each of these outcomes has been developed and closely linked to the overall outcomes of Birmingham children and Young Peoples' services, based on 'Every Child Matters'

Outcomes

In considering outcomes thought has been given to the following:

- Which area of the young person's life will be affected?
- In which direction will the outcome change?
- What is the magnitude of change? [effect/size]
- Over what time period will change be apparent?

Outcomes – Universal

The two key outcomes for universal work on substance and alcohol use and misuse are:

- **Outcome One**
Children and young people will understand the issues of drug and alcohol use and misuse, and will have access to appropriate information to aid their and their parents' understanding.
- **Outcome Two**
Children and young people will have the knowledge, confidence and skills, to be able to make informed and positive choices on their use/non use of drugs and alcohol, and be empowered to resist the pressures, including bullying, associated with this.

Outcomes - Targeted

The two key outcomes associated with targeted work on substance misuse are:

- **Outcome Three**
Children and young people at risk of developing substance misuse problems (inc. Hidden Harm) will develop resilience and will feel safe.
- **Outcome Four**
Children and young people whose drug related behaviour leads to worklessness will develop job skills and be empowered to engage in positive activities and gain confidence to make appropriate contributions as citizens in their community.

Outcomes – Specialist

There is one key outcome associated with the specialist ('Tier 3') area of work that is mainly concerned with the treatment of those using drugs and improving services for this group.

- Outcome Five

Children and young people with substance misuse problems will have access to appropriate young person centered specialist treatment services to improve their physical and mental health and social functioning, empowering them to recognise and accept their responsibilities.

7. Action Plans: *'what we aim to achieve and how we will do it:*

Our action plans have been developed alongside this strategy, and related directly to the outcomes. For each outcome there is a table outlining the main actions and the activities associated with them, with a record of who is responsible and the target timescale. These are complemented by the planning grids which detail the actions to be taken. Finally, once the budget for the next financial year is finalised, the financial information will be linked to the outcomes and the action plans.

OUTCOME: Outcome One

Children and young people will understand the issues of drug and alcohol use and misuse, and will have access to appropriate information to aid their own, and their parents', understanding.

ACTION	ACTIVITY	LEAD RESPONSIBILTY	TIMESCALE
Drug and alcohol use and misuse.	Encourage the continuing development of universal drug and alcohol education and prevention services (both as part of the school curriculum and in educational settings).	DAAT Young People's Coordinator	Immediate and ongoing
Alcohol use and misuse.	Work with partners to deliver the alcohol strategy for young people and to establish effective ways to address alcohol related community safety issues.	Alcohol lead officer	Immediate and ongoing
Access to appropriate information.	The creation of access points (for decision-making and accountability) for the voluntary, community and faith sector into the young people's substance misuse agenda and wider Community Safety Partnership.	DAAT Young People's Coordinator	Short term
Access to appropriate information.	Continuation and expansion of the City wide FRANK campaign offering advice and support for young people, parents and carers.	Communications Officer	Ongoing
Parents' understanding of drug/alcohol issues.	Establish close links with Parenting Strategy and support parents and carers of young people who use/misuse drugs and develop awareness raising interventions.	DAAT Young People's Coordinator/ Parenting Strategy Lead Officer	Short term
Access to appropriate information.	Ensure substance misuse related services respond appropriately to diversity.	DAAT Young People's Coordinator	Short/medium term

OUTCOME: Outcome Two

Children and young people will have the knowledge, confidence and skills, to be able to make informed and positive choices on their use/non use of drugs and alcohol, and be empowered to resist the pressures, including bullying, associated with this.

ACTION	ACTIVITY	LEAD RESPONSIBILITY	TIMESCALE
Empower young people to resist pressures, including bullying.	Empower young people, adults and partners to deal with drug related problems.	DAAT Young People's Coordinator	Ongoing
Make informed and positive choices.	Support third sector groups in order to empower and enable local people to be able to make a positive contribution towards tackling the damage caused by drugs to their communities and neighbourhoods	DAAT Young People's Coordinator	Ongoing
Empower young people to resist pressures, and make informed and positive choices.	Target those most at risk by reducing the harms caused by the supply of illegal drugs encouraging joint working to reduce availability, demand and the harm caused to individuals, their families and local communities.	DAAT Young People's Coordinator and lead provider (Involve-HIAH)	Ongoing
Empower young people to resist pressures, and make informed and positive choices.	Increase targeted support service provision where the majority of young people are mainly located within tier 2 service provision.	New team re Tier 2 to be appointed Spring 2009	Commence Spring 2009; in place by January 2010

OUTCOME: Outcome Three

Children and young people at risk of developing substance misuse problems (inc. Hidden Harm) will develop resilience and will feel safe.

ACTION	ACTIVITY	LEAD RESPONSIBILITY	TIMESCALE
Children and young people at risk will feel safe.	Work with schools to agree and support the implementation of local drug policies to eradicate illegal drugs from school premises and bring to justice those young people engaged in drug dealing and couriering.	DAAT Young People's coordinator, with schools and the Healthy Schools Coordinator	Ongoing
Children and young people at risk from substance misusers ('Hidden Harm') will feel safe.	Secure appropriate support for children and young people who are affected by the substance misuse of their parents/carers.	DAAT Young People's Coordinator.	Guidelines under development; completion by September 2009
Children and young people at risk from substance misusers ('Hidden Harm') will feel safe.	Complete a self assessment of 'Hidden Harm' issues and produce an action plan to address these. Develop 'Hidden Harm' guidelines and develop our responses to 'Hidden Harm'.	DAAT Young People's Coordinator working with expert group and reporting to Safeguarding Board.	Completion by September 2009
Children and young people at risk of developing substance misuse problems will develop resilience.	Develop tier two harm reduction services providing vaccination and screening services, treatment for injecting sites and access into appropriate support services including tier three treatment services.	DAAT Young People's Coordinator. New team re Tier 2	New team re Tier 2 to be appointed spring 2009

OUTCOME: Outcome Four

Children and young people whose drug related behaviour leads to worklessness will develop job skills and be empowered to engage in positive activities and gain confidence to make appropriate contributions as citizens in their community.

ACTION	ACTIVITY	LEAD RESPONSIBILITY	TIMESCALE
Children and young people will be empowered to engage in positive activities.	Work with partners to ensure that children and young people more vulnerable to substance misuse receive appropriate targeted interventions.	DAAT Young People's Coordinator	Immediate and ongoing
Children and young people whose drug related behaviour leads to worklessness will develop job skills.	Develop initiatives to tackle worklessness and develop job skills in order to reduce the 'NEET' population and their involvement in drug taking in line with PSA14; support activity to help to develop job skills for 'NEETs.'	DAAT Young People's Coordinator. Connexions.	Immediate and ongoing
Children and young people whose drug related behaviour leads to worklessness will develop job skills.	Develop and target initiatives to tackle worklessness and develop job skills by tackling drug availability in neighbourhoods and reducing the supply of illegal drugs to young people.	DAAT Young People's Coordinator	Immediate and ongoing
Children and young people will develop job skills and be empowered to make appropriate contributions as citizens in their community.	Target work to increase the number of volunteers from Black and Ethnic Minority communities into the drug sector workforce through a structured Volunteer Programme.	DAAT Young People's Coordinator	Increase numbers over next two years

OUTCOME: Outcome Five

Children and young people with substance misuse problems will have access to appropriate young person centered specialist treatment services to improve their physical and mental health and social functioning, empowering them to recognise and accept their responsibilities.

ACTION	ACTIVITY	LEAD RESPONSIBILITY	TIMESCALE
Children and young people with substance misuse problems will have access to appropriate young person centered specialist treatment services.	Ensuring that the treatment system is able to meet the needs of individual high harm drug users appropriately, including responding to diversity and different types of drug use	DAAT Young People's coordinator; Lead provider, Involve-HIAH	Ongoing
Children and young people with substance misuse problems will have access to appropriate young person centered specialist treatment services.	Increase capacity within treatment service to ensure equitable access into prescribing and detoxification services, leading to reduced waiting times and effective service delivery. Increase the percentage of drug using young people accessing treatment services. Increase the number of high harm drug users accessing harm reduction services and accessing drug treatment services.	DAAT Young People's coordinator; Lead provider, Involve-HIAH	By December 2009
Children and young people with substance misuse problems will have access to appropriate young person centered specialist treatment services.	Develop tier two harm reduction services providing vaccination and screening services, treatment for injecting sites and access into appropriate support services including tier three treatment services	DAAT Young People's coordinator; Lead provider, Involve-HIAH; New Tier 2 team	By December 2009

Our overall Partnership Action Plan, and the individual Action Plans of Partners, take account of the current situation, our overall Partnership planning grids and outline how we will achieve our goals. The key objectives from the planning grid for September 2007 are outlined in the text box below. These will need to be reviewed in 2010.

Young people's Specialist Substance Misuse Treatment Plan 2008/09 Planning Grids. Date published: 27 September 2007.

<p>Planning Grids: OBJECTIVES</p> <p>Commissioning and system management</p> <ol style="list-style-type: none">1. Development of a 'developmental working group' (Expert Group Continued) Objective2. Review and develop referral procedures across Birmingham's Children's services into the children and young people's treatment provision.3. Review of all pathways already in place between children's services and the children's and young people's treatment provision. Ensure pathways are in place between all key partners4. To reduce the number of inappropriate Tier 2 referrals made to the Tier 3 treatment provision.5. To develop a young people's strategy and action plan for alcohol misuse.6. Develop and target programmes of education and prevention for vulnerable young people. Linked directly to the developing Integrated Youth Support Service (IYSS) <p>Access to treatment</p> <ol style="list-style-type: none">1. Development of DAAT resource pack2. Develop a targeted Communications Strategy3. Increase the number of children and young people entering into treatment, routes other than criminal justice4 Increase referrals from partner agencies5 Develop a clear treatment pathway map. <p>Treatment System Delivery</p> <ol style="list-style-type: none">1. HIAH User Involvement Group2. Outreach Strategy3. Development of a 'treatment provider' group4. Evaluate Care planning and Care plan reviews5. Improve and update all transitional documents and pathways6. Needle exchange <p>Leaving specialist treatment</p> <ol style="list-style-type: none">1. Increase the numbers of young people completing treatment2. Evaluating the treatment service3. Develop pathways from Tier 3 to Tier 2 and 1.

4. Review and develop protocols for DNA's. (Did Not Attend)
5. Review and improve links between treatment and wraparound services for young people.

- A case study of work with persistent absentees and excludes demonstrating their success in tackling these issues.
- Case study of 4 centres re IYSS.
- Development of a self assessment toolkit on 'Hidden Harm' and work towards improving performance for all children and young people affected by parental drug use.

Our progress in developing commissioning and performance management process has been recognised as good practice nationally. We recognise that there is much to do to ensure that the Partnership is as effective as possible.

Finance: How we will use the Substance misuse grant and link to other funding.

Our financial plans will reflect this Strategy, and will be published early in the financial year 2009/2010 which commences on 1st April 2009. The final expenditure figures for 2008/2009 are not yet available but they will be used to inform this process.

8. Commissioning Strategy and Framework: 'Strategy into Practice'

The DAAT Commissioning Group undertakes planning and service commissioning, as required in the annual NTA\DCSF CYP Planning Guidance. The group develops detailed responses to the actions and targets relating to this and related actions in other sections of the Strategy including safeguarding children of high harm drug users and promoting social Inclusion. The group plays a key role in translating strategy into action through the annual, detailed, commissioning strategy document.

All activity commissioned by the DAAT is enshrined in a contract and service level agreement, against which the DAAT performance manages all commissioned agents to achieve best value from the resources we have available and to identify, develop and spread good practice.

Our Commissioning Strategy Framework and Action Plans will also reflect our aims to improve performance management re young people using drugs, particularly from the most vulnerable groups. This will focus on the principles outlined in '*Drugs: protecting families and communities 2008 – 2018 strategy*', notably the key strand "*preventing harm to young people and families affected by drug abuse*".

Targets and performance data will be developed within our Commissioning Strategy and our action plans within the context and framework of "Every Child Matters" and the Children and Young People's Plan for Birmingham, and

reflect 'A Brighter Future for Children and Young People; The Birmingham Strategy'. The commitment is to develop actions to support all young people by developing policies that are based on robust data and evidence about local needs, and clearly related to our outcomes. The action plans will build on the strengths of the current provision ensuring that all activity commissioned reflects local needs.

The DAAT Commissioning Group has overall responsibility for the Young People's substance misuse grant, including the appropriate allocation of funding, monitoring the expenditure and ensuring delivery meets the targets imposed by Government Office for the west midlands. The group also oversees the work of the DAAT staff team and the development of the staff team action plans and working arrangements. This is reflected in the Commissioning Plan which is attached as a supporting document.

9. Conclusion

This strategy outlines the key strategic priorities for Birmingham DAAT's children and young people's partners for the three year period 2009 – 2012, set within the overall drug strategy of the Government and Birmingham's own strategies, notably 'A Brighter Future'. This gives a clear 'outcomes focussed' strategy that links closely with all work with young people in Birmingham

It builds on the achievements of the first strategy (2006-2008) and recognises that substance misuse and young people is an ongoing issue that demands culturally competent, high quality services, coordinated partnership working and joined up approaches to ensure successful outcomes. This strategy document binds together both the local and national agendas and facilitates a co-coordinated approach in addressing substance misuse by young people under a coherent vision for the City. While this document is focused on substance misuse it is intended to link to all the other key plans and strategies of partners and key agencies involved in developing and safeguarding the wellbeing of children and young people in Birmingham. A young person's version of the Strategy will also be produced so that they can be fully included in this process.

We will continually review and reassess the current DAAT Partnership structures to ensure that they are fit for purpose, and review the DAAT expenditure profile to ensure that our investment is directed to deliver the outcomes in this Strategy. We will ensure transparency in all that we do and operate with: Clarity of purpose; clarity of responsibility; and, clarity of accountability.

Birmingham DAAT and its partners will continue to develop action plans to respond to this strategy, and keep it under review during 2009 – 2012.

Commissioning plans to be attached as appendix please.